Requirements for Third Party Liability - Payment of Claims

- Systems edits deny claims which have not been properly by led for Third Party Liability. When a third party payor fails to restrict thin 90 days of the date of the provider's attempt to bill, one of the filtering 1) attachments must accompany the Medicaid claim:
 - copies of unpaid bills sent to the third party (whether an individual or an insurance company);
 - b.) written notification from the provider giving the dates of attempts to bill and explaining that the third party failed to respond within 90 days from the billing date;
 - when the third party payor is an absent parent who has been billed at the address supplied by the recipient or local welfare office but the billing is returned "address unknown," the returned envelope may be filed with the claim.
- Health recovery cases are established whenever Medicaid has paid claims 2) in instances where:
 - the TPL unit learns of previously unidentified insurance benefits which were available for a period of at least two months prior to the date the benefits are coded on the recipient resource file; and/or
 - the TPL Unit is notified that a recipient has insurance coverage for a service for which a paid claim appears on the Medicaid monthly Explanation of Benefits.

The following threshold applies:

There is no threshold.

- Casualty or liability recovery cases are established whenever Medicaid 3) has paid related claims in instances where:
 - the TPL Unit is notified that a recipient was a victim of a violent crime or was involved in an accident; and/or
 - b.) the TPL Unit is notified that a recipient is the plaintiff in a malpractice, product liability, or class action lawsuit involving injury or impairment.

The following threshold applies:

Recovery will be sought in all cases where total Medicaid expenditures exceed \$500.00, if it appears it will be cost effective to pursue the case.